

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10559406**

FILING DATE

APPLICANT(S)

**27276**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			6			
TOTAL DEP.			14			
TOTAL CLAIMS			20			

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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TOTAL DEP.												
TOTAL CLAIMS												